

On-site Activity Reporting System (OARS) Designee(s)

I, _____, the undersigned responsible party for
Responsible Official Name

_____, Authorized Agent (AA), hereby delegate the
Regulated Entity Name

following designee(s) with the responsibility of submitting monthly activity report information in
TCEQ's OARS program on behalf of the Authorized Agent:

Maria Guzman
Name of Designee/Title (print)

1304 S. 25th St.
Mailing address of Designee (print)

Edinburg, TX 78542
Continuation of mailing address of Designee (if applicable) (print)

Dan Beltran
1304 S. 25th St.
Edinburg, TX 78542

Nora Gonzalez
Name of alternate Designee/Title (print) (optional)

1304 S. 25th St.
Mailing address of alternate Designee (if different from above)

Edinburg, TX 78542
Continuation of mailing address of alternate Designee (if applicable) (print)

Sandra Garza
1304 S. 25th St.
Edinburg, TX 78542

Name/title of AA's responsible party

Signature

Date



**Confidential Automated System Information
and Password Agreement**

The Texas Commission on Environmental Quality (TCEQ) Operating Policies & Procedures Manual (OPPM) 8.7 Information Protection states that "Information which is sensitive or confidential must be protected from unauthorized access or modification" and that financial information is sensitive information. The OPPM further states that "Failure to comply with information protection policy and procedure can result in suspension or termination."

I understand that Designee or employee information which may come to my knowledge while using any automated system of the TCEQ is to be held in the strictest confidence.

In addition, I understand that password(s) for computer systems and applications that I receive are confidential. I will not disclose the password(s) I am given or devise and I will not write down such password(s) or post them where they may be viewed. I understand that I am responsible for any transactions performed as a result of access authorized by use of my password(s). I agree to abide by all written conditions and restrictions imposed by TCEQ security administrators.

As the Authorized Agent's Designee, I agree to adhere to the security requirements specified in the paragraph above and I understand that failure to comply will result in immediate termination of access.

Signature: Maria Guzman Date: 11/18/08

Printed name: MARIA GUZMAN

E-mail address: maria.morales@hchd.org

I am employed by: Hidalgo County Health & Human Services
(print name of employer)

Please return completed form to: OARS, MC-178
TCEQ
P.O. Box 13087
Austin, TX 78711

or by fax: (512) 239-6390



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As the Authorized Agent's Designee, I agree to adhere to the security requirements specified in the paragraph above and I understand that failure to comply will result in immediate termination of access.

Signature: *Nora Gonzalez* Date: 11-18-08

Printed name: Nora Gonzalez

E-mail address: nora.gonzalez@hcha.org

I am employed by: Hidalgo Co. Health + Human Services
(print name of employer)

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As the Authorized Agent's Designee, I agree to adhere to the security requirements specified in the paragraph above and I understand that failure to comply will result in immediate termination of access.

Signature: Sandra Garza Date: 11/18/08

Printed name: Sandra Garza

E-mail address: sandra.garza@hchd.org

I am employed by: Hidalgo County Health & Human Services
(print name of employer)

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As the Authorized Agent's Designee, I agree to adhere to the security requirements specified in the paragraph above and I understand that failure to comply will result in immediate termination of access.

Signature: Dan Beltran Date: 11-18-08

Printed name: Dan Beltran

E-mail address: dan.beltran@hchd.org

I am employed by: Hidalgo County Health & Human Services Dept.
(print name of employer)

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